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UNITED STATES DISTRICT COURT 2021 JUN -9 AM 11:31
SOUTHERN DISTRICT OF NEW YORK

Mirzo Atadzhhanov

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

1. The New York City Department of Correction
2. The New York City "See attached"

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

United States District Court
Southern District of New York

Mirzo Aladzhanov
Plaintiff

-against-

1. The New York City
Department of Correction
2. The New York City
3. John Doe
4. John Doe
5. John Doe
6. John Doe
7. John Doe
8. John Doe
9. John Doe
10. John Doe
11. John Doe
12. John Doe
13. John Doe,

14. John Doe

15. John Doe

Defendants,

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).



Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Mirzo

First Name

Middle Initial

Atadzhanyov

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1383 4776 H

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

North Infirmary Command

Current Place of Detention

1500 Kazen Street

Institutional Address

Queens

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced prisoner

Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

"The New York City Department
of Correction"

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

75-20 Astoria Blvd

Current Work Address

Queens

NY

11370

County, City

State

Zip Code

Defendant 2:

The New York City

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

"City Hall"

Current Work Address

New York

NY

10007

County, City

State

Zip Code

Defendant 3:

John Doe

First Name

Last Name

Shield #

Correctional Officer

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

Defendant 4:

John Doe

First Name

Last Name

Shield #

Correctional Officers

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

North Infirmary Command

Date(s) of occurrence:

3/27/21, 3/28/21, 3/29/21, "See attached"

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 03/25/21 a doctor switched me on puree-diet. Since that date, I do not get, getting partially or getting old, puree-Diet Food! All these led me to a condition of starvation and loss of weight. If it not of my food from a commissary shop I would starve harsher and would loss weight.

Despite I wrote multiple grievances, The Department of Correction failed to fix wrongdoing. The Department knew that its employee failed to deliver my food or they used to deliver old food but failed to fix the wrong. It's also failed to properly train their employees.
" See attached!"

Attachment -1

Facts:

I submitted grievances but the Department of Correction never timely responded on them. I appealed multiple times to the superintendent of the facility but he never responded. I appealed them multiple times to the "CORC" but it never responded back. Thus, I exhausted my administrative remedies.

On 4/26/21, I submitted a complaint via "311"-service regarding that I didn't get my puree-diet food at breakfast. This complaint was forwarded to the Mayor's office as well to the Department of Correction.

On 5/10/21, I submitted another complaint, which was forwarded to the Mayor's office regarding I got on that day a puree-diet food at break-

- last without ² labeled dates on plastic cups. This indicated that food could be old. The "311" confirmation number is EC-00290357.

Then, later on that day, at lunch, I again received my food without labeled dates on containers. I called "311" and an operator forwarded my complaint to the Mayor's office.

I'm suing multiple correctional officers named "John Doe" because I don't know their names and shield numbers. I'm suing them because of the following reasons: 1. They were on the post at my housing unit when I didn't get my food but failed to provide me with one thus committing wrong doing. 2. Officers at the mess hall of our facility also failed to fix wrong doing after being notified

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Since my arrest, I presumably was 200 pounds of weigh. Since this insufficient diet happened, I suffered starvation and loss of weight.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Presumably, I should weigh 200 pounds but now I weigh 160 pounds, I demand 40.000 US dollars for every pound I lost. Lost in general damages.

I demand 10.000 US dollars in special damages for emotional, mental and physical suffering.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05/29/21

Dated

Mirzo

First Name

Middle Initial

Last Name

1500 Hazen St

Prison Address

Queens

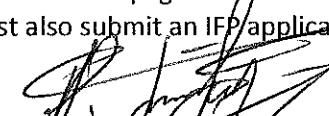
State

NY

County, City

Zip Code

11370



Aladzhanov

Plaintiff's Signature

Date on which I am delivering this complaint to prison authorities for mailing: _____

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD (optional):	
Mirzo Haidzhanov	1411892809		
Facility:	Housing Area:	Date of Incident:	Date Received:
NIC	6 South	05/25/21	05/25/21

Report of Grievance:

On 05/05/21 I submitted an appeal to the CORC. I didn't get any response. I exhausted my administrative remedies.

Action Requested by Inmate:

(This section is for the inmate to request specific actions from the agency.)

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICMP staff?

Yes
 No
 Not Applicable

Do you want the ICMP staff to write the grievance or review for you?

Yes
 No
 Not Applicable

Have you filed this grievance or appeal with a private attorney?

Did you receive the results of your appeal?

Inmate's Signature: *T. J. Haidzhanov*

Date of Signature: 05/25/21

Time Stamp Below:	Comments and Requests (Optional):	Comments:
Inmate Grievance and Request Program Statement Form		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate Name:	Book & Case #:	NYSD # (optional):	
Mizo Hadihanor	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Received:
NIC	6 South	05/05/21	05/05/21

Description of Grievance:
 On 04/27/21, I appealed to the Warden unanswered grievance. I didn't get a response.
 I'm appealing to the PDC.

Action Requested by inmate**Please read below and check the correct box**

Do you agree to have your statement edited for classification by ICP staff?

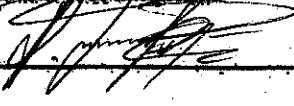
 Yes
 No
 Yes
 No
 Yes
 No

Do you want the ICP staff to write the grievance or response for you?

 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or statement with a court or other agency?

Did you receive the notice of appeal hearing?

Inmate Signature: 

Date of Signature:

05/05/21

Time/Date Filled:	Grievance and Request Statement	Comments
Inmate Grievance and Request Program Statement Form		

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYED # (optional):	
Mirzo Abdzhanova	1411 802 809		
Facility:	Mountainside	Date Received:	Date Resolved:
NIC	6 South	04/27/21	04/27/21

Report of Grievance:

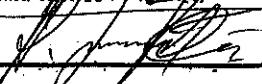
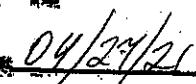
On 04/19/21, I submitted a grievance with the OPGS regarding that I got an old food at breakfast and lunch. I didn't get a response. I'm appealing to the Warden.

Action Requested by Inmate:

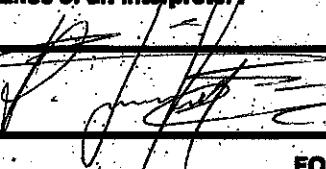
Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICSP unit?
 Do you need the ICSP unit to write the grievance or review for you?
 Have you filed this grievance or appeal with a court or other agency?
 Did you require the assistance of an attorney?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate Signature: Date: 

Time Stamp Below:	Signature:	Comments:
Inmate Grievance and Request Program Statement Form		

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		
		Form #: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: Mirzo Aladzhanov	Book & Case #: 1411802809	NYSID #:
Facility: NYC	Housing Area: 6 South	Date of Incident: 04/19/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
<p>Grievance: On 04/19/21, I got an old puree-die-l food at breakfast and lunch. Particularly, I got milk dated 04/17/21, which is 2 days old. In addition, received a rice-pudding with the same date as milk.</p>		
<p>Action Requested by Inmate:</p>		
<p>Please read below and check the correct box:</p>		
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Did you require the assistance of an Interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
Inmate's Signature: 	Date of Signature: 04/19/21	
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form #7104R, Eff.: 09/10/12, Ref. Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYAD # (optional):	
Mirza Hadzhanov	111/8021-009		
Facility:	Housing Area:	Date Received:	Date Submitted:
NIC	6 South	06/08/21	06/08/21

Request or Grievance:

On 05/19/21, I submitted an appeal to the CDR. I didn't get a response. I exhausted my administrative remedies.

Action Requested by Inmate

(This section contains five blank lines for inmate requests.)

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICAP unit?

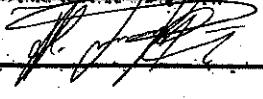
Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICAP unit to write the grievance or request for you?

Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or request with a court or other agency?

Did you receive the answer from the unit?

Inmate Signature: 

Date: 06/08/21

Time Stamp Below:	Grievance or Request Received:	Comments:
Inmate Grievance and Request Program Statement Form		

Attachment E

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

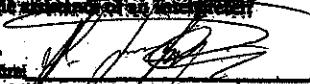
Inmate's Name:	Booking #:	NYSD # (optional):	
Mirzo Hadzhanova 1411802809			
Facility:	Housing Area:	Date of Incident:	Date Received:
NYC	6 South	05/19/21	05/19/21

Reason of Grievance: On 05/11/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the CRPC.

Action Requested by inmate**Please read below and check the correct boxes**

Do you agree to have your statement edited for classification by IGMF staff?
 Do you need the IGMF staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you receive the information you requested?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate's Signature: 

Date of Signature:

05/19/21

Time Statement Below:	Complaints and Requests Received:	Comments:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #9376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Hadzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	05/11/21	05/11/21

Request or Grievance:

On 05/03/21, I submitted a grievance with the OPGS regarding that I got an old-food. I didn't receive any response.

I'm appealing to the warden.

Action Requested by Inmate:

[Redacted]

Please read below and check the correct box:

Do you agree to have your statement edited for classification by IGRP staff?

 Yes
 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No
 No

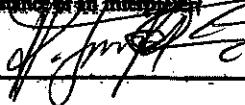
Do you want the IGRP staff to write the grievance or request for you?

 Yes
 Yes
 Yes
 Yes
 Yes

Have you filed this grievance or request with a court or other agency?

 Yes
 Yes
 Yes
 Yes
 Yes

Did you receive the outcome of this grievance?

Inmate's Signature: 

Date of Signature: 05/11/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A	
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Abdzhianov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	05/03/21	05/03/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 05/03/21, I received my puree-diet food at breakfast. However, the plastic containers were labeled with following dates: 04/30/21 and 05/01/21, indicating that it was old food.</p>			
<p>Action Requested by Inmate: I need fresh food</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature:	Date of Signature: 05/03/21		
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #8376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

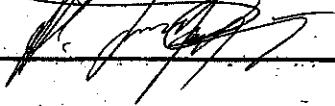
Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirza Hadzhanov	W11802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
MC	6 South	05/31/21	05/31/21

Report on Grievance: On 05/31/21, I submitted my grievance to the CORC. I didn't get a response. I exhausted my administrative remedies.

Action Requested by InmatePlease read below and check the correct box:

- Do you agree to have your statement edited for classification by ICRP staff?
 Do you need the ICRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you receive the resolution of the grievance?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: Date of Signature: 05/31/21

Time Stamp Below:	Grievance and Request Statement	Comments
Inmate's Grievance and Request Program Staff Signature:		

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo H. Hadzhamov	14118022809		
Facility:	Housing Area:	Date of Incident:	Date Received:
NIC	6 South	05/11/21	05/11/21

Report of Grievance:

On 05/03/21, I submitted an appeal to the Warden. I didn't get a response. I'm appealing to the CCRB.

Action Requested by inmate:

[Redacted]

[Redacted]

[Redacted]

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICP staff?

Do you want the ICP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you receive the notice of the interview?

Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No

Initials: J. J. P. S. Date: 05/11/21

Time Stamp Below:	Statement and Request Information:	Comments:
	Inmate Grievance and Request Program Statement Form	

Attachment 8

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Hadzhamov	1411 802 829		
Facility:	Housing Area:	Date of Incident:	Date Received:
VIC	6 South	05/03/21	05/03/21

Description of Grievance:
 On 04/23/21, I submitted a grievance with the OCGS regarding my cell door. I did not get a response from appealing to the Warden.

Action Requested by inmate**Please read below and check the correct box:**

Do you agree to have your statement edited for classification by ICP staff?

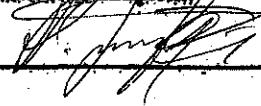
 Yes
 No
 Yes
 No
 Yes
 No

Do you want the ICP staff to write the grievance or review it for you?

 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or dispute with a court or other agency?

Did you receive the assistance of an attorney?

Inmate Signature: Date of Signature: 05/03/21

Time Stamp Below:	Inmate's and Requester's Signature:	Comments:
Inmate Grievance and Request Program Statement Form		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form.: 7101R-A EF: 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo AladzhanoV	14118		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/23/21	04/23/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/23/21, I got my puree-die[tl Food at breakfast. Labeled 04/20/21. So, I got an old food.</p>			
<p>Action Requested by Inmate: Pls, I need a fresh food</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/23/21	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

Attachment 5

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #337B - page 1.

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name:	Book & Case #:	NYSD # (optional)	
Mirza Hadzhanov	W/11802 809		
Facility:	Housing Area:	Date Received:	Date Submitted:
VIC	6 South	05/20/21	05/20/21

Reason for Grievance:

On 04/30/21 I submitted an appeal to the ICRP. I didn't get a response. I exhausted my administrative remedies.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICRP staff?

Yes
 No

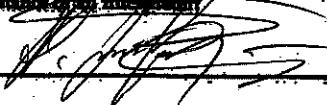
Do you need the ICRP staff to write the grievance or response for you?

Yes
 No

Have you filed this grievance or dispute with a court or other agency?

Yes
 No

Did you receive the resolution of this grievance?

Inmate's Signature: 

Date of Signature: 05/20/21

Time Stamp Below:	Grievance and Request Statement	Comments
Inmate Grievance and Request Program Statement Form		

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book #/Case #:	NYSD # (optional):	
Mirzo F Hadzhaboxor	1411802809		
Facility:	Housing Area:	Date Received:	Date Submitted:
N/C	6 South	04/30/21	04/30/21

Report of Grievance:

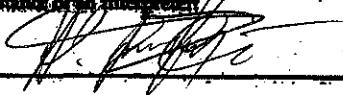
On 04/22/21 I submitted an appeal to the Warden. I didn't get a response. I'm appealing to the CORC.

Action Requested by Inmate:

Please read below and check the correct box:

- Do you agree to have your treatment edited for classification by ICRP staff?
 Do you need the ICRP staff to write the grievance or request for you?
 Have you filed this grievance or request with a monitor or other agency?
 Did you require the assistance of an attorney?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate's Signature: Date of Signature: 04/30/21

Time Stamp Below:	Grievance and Request Statement:	Comments:
Inmate Grievance and Request Program Statement Form		

Attachment 8

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirza Hatchenor	144118028029		
Facility:	Housing Area:	Date of Incident:	Date Received:
HIC	6 South	04/22/21	04/22/21

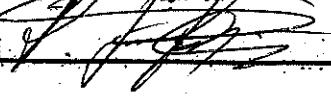
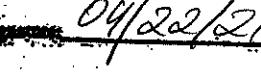
Report of Grievance: On 04/14/21 I submitted a grievance to the OCGS regarding that I didn't get my pureed diet food at breakfast. I didn't get a response from the OCGS. I'm appealing to the Warden.

Action Requested by Inmate

Please read below and check the correct box:

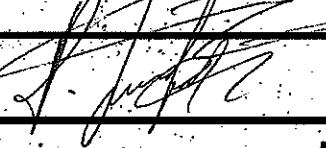
- Do you agree to have your statement edited for classification by ICAP staff?
 Do you need the ICAP Staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an attorney?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate's Signature: Date: 

04/22/21

Timestamp Below:	Grievance and Request Statement:	Comments:
Inmate Grievance and Request Program Statement Form		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM									
		Form #: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A							
Inmate's Name:	Book & Case #:		NYSID #:						
Mirzo Aladzhanov	1411802809								
Facility:	Housing Area:	Date of Incident:	Date Submitted:						
VIC	6 South	04/14/21	04/14/21						
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/11/21, I didn't get my preee-diet all breakfast. I left S without my Food.</p> <p>Action Requested by Inmate: P/S fix this problem.</p> <p>Please read below and check the correct box:</p> <p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Did you require the assistance of an Interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Inmate's Signature: </p> <p>Date of Signature: 04/14/21</p> <p style="text-align: center;">FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">TIME STAMP</td> <td style="width: 33%; padding: 2px;">Grievance Reference #</td> <td style="width: 33%; padding: 2px;">Category:</td> </tr> <tr> <td colspan="3" style="padding: 2px;">Office of Constituent and Grievances Services Coordinator/Officer Signature:</td> </tr> </table>				TIME STAMP	Grievance Reference #	Category:	Office of Constituent and Grievances Services Coordinator/Officer Signature:		
TIME STAMP	Grievance Reference #	Category:							
Office of Constituent and Grievances Services Coordinator/Officer Signature:									

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):
Miro Hadzhamov	1111 802 809	
Facility:	Housing Area:	Date of Incident:
WTC	B South	05/21/21
Date Received:		
05/21/21		

Review of Grievance: On 05/03/21, I submitted an appeal to the CORC. I didn't get a response. I pursued my administrative remedies.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by IGRP staff?

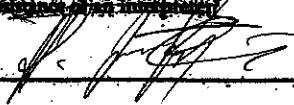
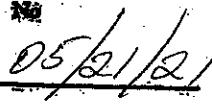
 Yes
 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No
 No

Do you wish the IGRP staff to write the grievance in response for you?

Have you filed this grievance or dispute with another or other agency?

Did you receive the resolution of this grievance?

Inmate's Signature: Date of Signature: 

Time Stamp Below:	Grievance and Request Statement:	Comments:
		Inmate Grievance and Request Program Statement

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name:	Book & Case #:	NYSD # (optional):
Mirzo J. Adakhan	1411802 809	
Facility:	Housing Area:	Date Received:
VIC	6 South	05/03/21
Date Submitted:		05/03/21

Request on Grievance: On 04/23/21 I appealed to the Warden. Warden answered my grievance. The Warden didn't respond as well. I'm appealing to the CORC.

Action Requested by InmatePlease read below and check the correct box

Do you agree to have your statement edited for classification by ICRP staff?

Yes

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book # Case #:	NYAD # (optional):	
Mizo Hadzhaev	1411802809		
Facility:	Housing Area:	Received Date:	Processed Date:
NYC	6 South	04/23/21	04/23/21

Report on Grievance:

On 04/15/21 I submitted a grievance to the OPGS regarding that I didn't get an egg-salad. I didn't receive a response. I'm appealing to the Warden.

Actions Requested by Inmate:

Please read below and check the contact lines:

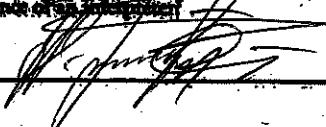
Do you agree to have your statement edited for classification by IGRP staff?

Do you need the IGRP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

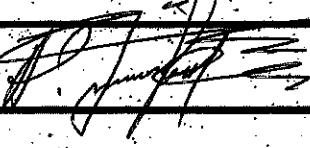
Did you sign the statement after it was written?

 Yes
 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No
 No
Inmate's Signature: 

Date: 04/23/21

Time Stamp Below:	Grievance and Request Statement:	Comments:
	Inmate Grievance and Request Program Statement	

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name:	Book & Case #:		NYSID #:	
Mirzo Aladzhakov	1411 802 809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
NIC	6 South	04/15/21	04/15/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: On 04/15/21, at lunch, I got my puree-diet food partially. Specifically, I didn't get an egg-salad in the puree-form.</p> <p>The general-population got this salad. I didn't.</p>				
<p>Action Requested by Inmate: Fix this issue.</p>				
<p>Please read below and check the correct box:</p>				
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature:		Date of Signature:		
		04/15/21		
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name:	Book & Case #:	NYSD # (optional)	
Mirzo Hadzhanov	14111802809		
Facility:	Housing Area:	Date of Incident:	Date Received:
VIC	6 South	06/01/21	06/01/21

Report of Grievance:
 On 05/12/21 I submitted an appeal to the CORC.
 I didn't get a response. I exhausted my administrative remedies.

Action Requested by inmate

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICAP staff?

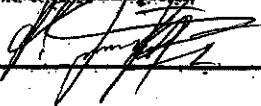
 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICAP staff to write the grievance or request for you?

 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or request with a court or other agency?

Did you receive the assistance of an attorney?

Inmate Signature: 

Date of Signature: 06/01/21

Time Stamp Below:	Officer's and Inmate Initials:	Comments:
Inmate Grievance and Request Program Statement Form		

Attachment 5

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

**INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM**

Inmate's Name:	Book & Case #:	NYSD (optional)	
Mirzo A. Hadzhamorov	1411A02809		
Facility:	Housing Area:	Date Received:	Date Processed:
VIC	6 South	05/12/21	05/12/21

Report of Grievance:

On 05/04/21, I submitted an appeal with the warden. I didn't get response from him.
I'm appealing to the CIRT.

Action Requested by inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICMP staff?

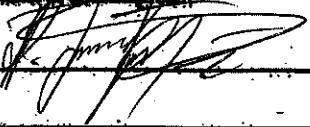
 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICMP staff to write the grievance or response for you?

 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or dispute with a court or other agency?

Did you receive the result of the grievance?

Inmate's Signature: Date of Signature: 05/12/21

Time Stamp Below:

Grievance and Request Statement

Signature

Inmate Grievance and Request Program Statement Signature

Attachment 5

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional)	
Mirza Haddhamy	1W118028029		
Facility:	Mounting Area:	Date Received:	Date Submitted:
WIC	6 South	05/04/21	05/04/21

Report of Grievance:

On 04/25/21, I submitted a grievance with the OCGS regarding that I didn't get fresh food. Instead, I get two days old food. I didn't get a response. I'm appealing to the warden.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICRP staff?

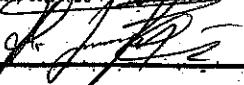
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICRP staff to write the grievance or request for you?

 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or request with a court or other agency?

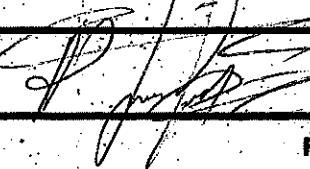
Did you receive the assistance of an attorney?

Inmate Signature: 

Date of Signature:

05/04/21

Time Stamp Below:	Signature and Handwritten Date:	Comments:
Inmate Grievance and Request Program Statement Form		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form.: 7101R-A Eff.: 6/14/18 Ref.: Dir. 3376R-A	
Inmate's Name:	Book & Case #:		NYSID #:		
Mirzo A Ladzhanov	1411802809				
Facility:	Housing Area:	Date of Incident:	Date Submitted:		
NIC	6 South	04/25/21	04/25/21		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
<p>Grievance: On 04/25/21, at breakfast, I got my puree-diet food. However, the food from 4 diners were dated 04/23/21. So, I got two-days old food.</p>					
<p>Action Requested by Inmate: Pls, I need fresh food.</p>					
<p>Please read below and check the correct box:</p>					
Do you agree to have your statement edited for clarification by OCGS staff?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: 			Date of Signature: 04/25/21		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #		Category:		
Office of Constituent and Grievances Services Coordinator/Officer Signature:					

Attachment 5

Form #7104R, Rev. 09/10/12, Ref. Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Hatzbarov	1411-802-802		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/25/21	05/25/21

Review or Grievance:

On 05/05/21 I submitted an appeal to the CORC. I didn't get any response. I have filed my administrative remedies.

Action Requested by Inmate:**Please read below and check the correct box:**

Do you agree to have your statement edited for classification by ICAP staff?

 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICAP staff to write the grievance or response for you?

 Yes
 No
 Yes
 No
 Yes
 No

Have you filed this grievance or request with a court or other agency?

Did you receive the assistance of an attorney?

Inmate Signature: *[Signature]*

Date Submitted:

05/25/21

Time stamp below:	Inmate Grievance and Request Statement Form	Category:
Inmate Grievance and Request Program Statement Form		

Attachment B

Form #7101R, Eff. 09/10/12, Ref. Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book #/Cell #:	NYSD # (optional):
<i>Mirzo Abdzhanyov 1411-A02809</i>		
Facility:	Housing Area:	Date of Incident:
<i>VIC</i>	<i>6 South</i>	<i>05/05/21</i>
Date Received:	Date Submitted:	
<i>05/05/21</i>	<i>05/05/21</i>	

Request or Grievance:

On 04/24/81, I submitted an appeal to the Warden. I didn't get a response. I'm appealing it to the CCRB.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your inmate status adjusted for classification by ICAP staff?

 Yes
 No
 Not Applicable
 Not Sure

 Yes
 No
 Not Applicable
 Not Sure

Do you need the CCRB staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you receive the assistance of an attorney?

Inmate Signature: *[Signature]*Date Received: *05/05/21*

Time/Date Below:	Statement and Request Information:	Category:
Inmate Grievance and Request Program Statement Form		

Attachment B

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #9376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSP # (Optional):	
Mirza Hadihanov 1411 802 802			
Facility:	Housing Area:	Date Received:	Date Submitted:
VIC	6 South	04/27/21	04/27/21

Request or Statement:

On 04/18/21, I submitted a grievance with the IOPGS regarding that I got an old food for breakfast and lunch. I didn't get a response. I'm appealing to the warden.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by IOP staff?

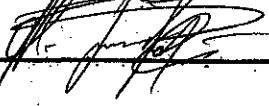
 Yes
 No

Do you need the IOP staff to write the grievance or request for you?

 Yes
 No

Have you filed this grievance or request with a court or other agency?

Did you receive an answer from an agency?

Inmate's Signature: 

Date: 04/27/21

Time Stamp Matrix:

Grievance and Request Program Staff Signature:

Signature:

Inmate Grievance and Request Program Staff Signature:

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
 Eff: 9/14/18
 Ref: Dir. 3376R-A

Inmate's Name:

Mirzo Abdzhanyov

Book & Case #:

1411802 809

NYSID #:

Facility:

VIC

Housing Area:

6 South

Date of Incident:

04/18/21

Date Submitted:

04/18/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 04/18/21, I got milk containers dated 04/17/21. So, I got an old milk for breakfast and lunch.

Action Requested by Inmate:

P.S. Fix this issue. I need a fresh meal.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

04/18/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #9376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Hatzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/25/21	05/25/21

Request or Grievance:

On 05/05/21 I submitted an appeal to the WORC. I didn't get a response. I exhausted my administrative remedies.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICAP staff?

 Yes No

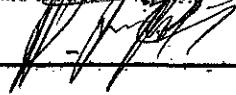
Do you need the ICAP staff to write the grievance or request for you?

 Yes No

Have you filed this grievance or request with a court or other agency?

 Yes No

Did you require the assistance of an attorney?

 Yes NoInmate's Signature: Date of Signature: 05/25/21

Time Stamp Below:	Grievance and Request Reference#:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment 6

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo H. Hadzhasov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	05/05/21	05/05/21

Request or Grievance:

On 04/27/21 I submitted an appeal to the Warden. I didn't get a response. I'm appealing to the CORP.

Action Requested by Inmate:

[Redacted]

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICMP staff?

 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No

Do you need the ICMP staff to write the grievance or request for you?

Inmate's Signature: *J. J. Jones*Date of Signature: 05/05/21

Have you filed this grievance or request with a court or other agency?

Did you receive the assistance of an attorney?

Inmate's Signature: *J. J. Jones*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment B

Form: #7104R, Eff: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book N Case #:	NYSD # (optional):	
Mirzo Hadzhanov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/27/21	04/27/21

Request or Grievance: On 04/17/21, I submitted a grievance with the DCBS regarding I had I didn't get my power-diet food. I didn't get a response. I'm appealing to the Warden.

Action Requested by Inmate

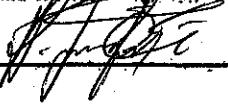
Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICAP staff? Yes No

Do you need the ICAP rule to write the grievance or request for you? Yes No

Have you filed this grievance or request with a court or other agency? Yes No

Did you require the assistance of an interpreter? Yes No

Inmate's Signature: 

Date of Signature: 04/27/21

Timestamp Below:	Grievance and Request Reference#:	Category:
Inmate Grievance and Request Program Staff's Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form #: 7101R-A
 Eff.: 01/14/18
 Ref.: Dir. 3370R-A

Inmate's Name: <i>Mirzo Aladzhakov</i>	Book & Case #: <i>1411802809</i>	NYSID #:
Facility: <i>NYC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/17/21</i>
Date Submitted: <i>04/17/21</i>		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *On 04/17/21, at lunch-time, I supposed to get a laed-shells with a turkey ground in a puree form. The general population got laed-shells with the turkey ground. I didn't.*

Action Requested by Inmate: *Fix the delivery of my food.*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an Interpreter?

Yes No

Inmate's Signature:

Date of Signature:

04/17/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Hadzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	06/08/21	06/08/21

Request or Grievance:

On 05/19/21 I submitted an appeal with The CDRP. I didn't get a response in a timely manner. I exhausted my administrative remedies.

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for classification by ICAP staff?

 Yes
 No
 Yes
 No
 Yes
 No

 Yes
 No
 Yes
 No
 Yes
 No

Do you need the ICAP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an attorney?

Inmate's Signature: *M. Hadzhanov*Date of Signature: 06/08/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Statement Form		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction
INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Hadzhamov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
IVIC	6 South	05/19/21	05/19/21

Request on Grievance:
 On 05/11/21, I submitted an appeal with the Warden. I didn't get a response.
 I'm appealing to the CCRB.

Action Requested by Inmate**Please read below and check the correct box:**

- Do you agree to have your statement edited for classification by ICAP staff?
 Do you need the ICAP staff to write the grievance or request for you?
 Have you filed this grievance or request with a court or other agency?
 Did you require the assistance of an attorney?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate's Signature

Date of Signature

05/19/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Aladzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/11/21	05/11/21

Request or Grievance:

On 05/02/21, I submitted a grievance with the OCGS regarding what I received old food. I didn't get a response. I'm appealing to the warden.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for classification by ICRP staff?

Yes

No

Do you need the ICRP staff to write the grievance or request for you?

Yes

No

Have you filed this grievance or request with a court or other agency?

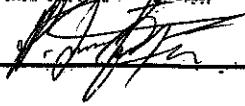
Yes

No

Did you require the assistance of an attorney?

Yes

No

Inmate's Signature: 

Date of Signature:

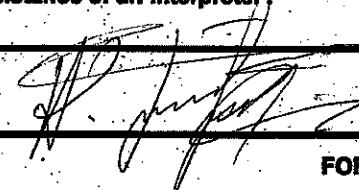
05/11/21

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff Signature:

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A		
Inmate's Name:	Book & Case #:		NYSID #:	
Mirzo Hladzhanov	1411-802-809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
NYC	6 South	05/02/21	05/02/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance:</p> <p>On 05/02/21, I got an old puree-diet food, labeled 04/30/21 for breakfast. Specifically, I got an old milk and a rice-pudding.</p>				
<p>Action Requested by Inmate: Please fix this issue.</p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
Inmate's Signature:	 FOR DOC OFFICE USE ONLY			
Date of Signature: 05/02/21				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

Attachment B

Form #7101R, Edt.: 09/10/12, Ref.: Dir. #337B - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Abdzhanyov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/28/21	05/28/21

Request on Grievance:

On 5/10/21, I submitted an appeal to the CORT. I didn't get an response. I exhausted my administrative remedies.

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for classification by ICRR staff?

 Yes No

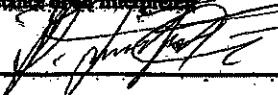
Do you need the ICRR staff to write the grievance or request for you?

 Yes No

Have you filed this grievance or request with a court or other agency?

 Yes No

Did you require the assistance of an attorney?

 Yes No
Inmate's Signature: 

Date of Signature: 05/28/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Statement Form		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Hadzhanov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
WTC	B South	05/10/21	05/10/21

Request of Grievance: On 04/30/21, I submitted an appeal to the Warden, I didn't get a response. I'm appealing to the CORC.

Action Requested by Inmate

Please read below and check the correct box

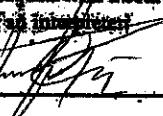
Do you agree to have your statement edited for clarity by ICRR staff?

Do you need the ICRR staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an attorney?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Inmate's Signature: Date of Signature: 05/10/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate's Grievance and Request Program Staff's Signature:		

Attachment B

Form #7104R, Edt. 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirzo Abdzhanyor	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/30/21	04/30/21

Request or Grievance:

On 04/22/21, I submitted a grievance -
 - w/ the OCGS regarding old food.
 I didn't get a response in a timely
 manner. I'm appealing to the Warden.

Action Requested by Inmate:**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by ICRR staff?

Yes

No

Do you need the ICRR staff to write the grievance or request for you?

Yes

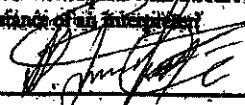
No

Have you filed this grievance or request with a court or other agency?

Yes

No

Did you require the assistance of an interpreter?

Inmate's Signature: 

Date of Signature:

04/30/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Statement Signature		



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form.: 7101R-A
 Eff.: 9/14/18
 Ref.: Dir. 2376R-A



Inmate's Name:

Mirzo Aladzhany

Book & Case #:

1411802809

NYSID #:

Facility:

NIC

Housing Area:

6 South

Date of Incident:

04/22/2021

Date Submitted:

04/22/2021

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 04/22/2021, I got my puree-diet food at breakfast. It labeled 04/20/2021. So, I got an old food, which potentially could cause food poisoning.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff? Yes NoDo you need the OCGS staff to write the grievance for you? Yes NoHave you filed this grievance with a court or other agency? Yes NoDid you require the assistance of an Interpreter? Yes No

Inmate's Signature:

04/22/2021

Date of Signature:

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo A-Jadziano	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	630Wth	05/17/21	05/17/21

Action Taken by Inmate:

Request or Grievance: On 04/26/21 I submitted an appeal to the ICRP. I didn't get a response in a timely manner. I exhausted my administrative remedies.

Action Requested by Inmate:

Please read below and check the correct boxDo you agree to have your statement edited for classification by ICRP staff?

Yes

No

Do you need the ICRP staff to write the grievance or request for you?

Yes

No

Have you filed this grievance or request with a court or other agency?

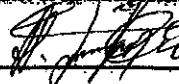
Yes

No

Did you require the assistance of an interpreter?

Yes

No

Inmate's Signature: Date of Signature: 05/17/21

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Mirzo Abdzhanyov 1411802809	Book & Case #: 	NYSID # (optional): 	
Facility: NIC	Housing Area: 6 South	Date of Incident: 04/26/21	Date Submitted: 04/26/21

All grievances and requests must be submitted within two business days after the incident occurred unless otherwise specified. The inmate filing the grievance or request may appeal the decision. Please check statement to indicate if inmate is involved in the Request Program (IGRP). Staff will file a copy and keep the inmate's name/Request Reference number (GR#) and staff may provide inmate with a copy of his/her case record or rec'd by within two business days of receipt.

Request or Grievance:

*On 04/16/21, I submitted an appeal to the Warden. I didn't get a response.
I'm appealing to the "CORC."*

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes No

Do you need the IGRP staff to write the grievance or request for you?

 Yes No

Have you filed this grievance or request with a court or other agency?

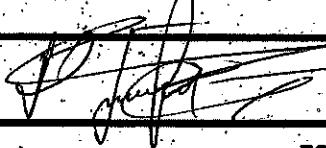
 Yes No

Did you require the assistance of an interpreter?

 Yes NoInmate's Signature: *Mirzo Abdzhanyov*Date of Signature: *04/26/21*

DO NOT TYPE OR PRINT IGRP IS AN INFORMATION MANAGEMENT SYSTEM FOR ADMINISTRATIVE RECORDS YOU MUST PROVIDE A CORRECT ADDRESS TO THE INMATE AS THE CONTACT PERSON	
--	--

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name:	Book & Case #:		NYSID #:	
Mirzo Aladzhano	1411802809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
NYC	6 South	04/16/21	04/16/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: On 04/08/21 I submitted a grievance with the OCGS. I didn't get a response. I'm appealing to the Warden of the Facility.</p>				
<p>Action Requested by Inmate:</p>				
<p>Please read below and check the correct box:</p>				
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature:			Date of Signature: 04/16/21	
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1



City of New York - Department of Correction
INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Hadzhoenov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/06/21	04/08/21

All grievances and requests must be submitted within ten business days after the incident occurred. Under the conditions of the Inmate Grievance and Request Program (IGRP), staff may file a copy of the grievance or request with the inmate's case manager or supervisor. A copy of the grievance or request will also be filed in the inmate's administrative record. A copy of the grievance or request will also be filed in the inmate's administrative record. A copy of the grievance or request will also be filed in the inmate's administrative record. A copy of the grievance or request will also be filed in the inmate's administrative record.

Request or Grievance:

On 04/06/21, I didn't get my puree-diet food at lunch

Action Requested by Inmate:

P/S Sid : l

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes
 Yes

 No
 No

Do you need the IGRP staff to write the grievance or request for you?

 Yes
 Yes

 No
 No

Have you filed this grievance or request with a court or other agency?

 Yes
 Yes

 No
 No

Did you require the assistance of an interpreter?

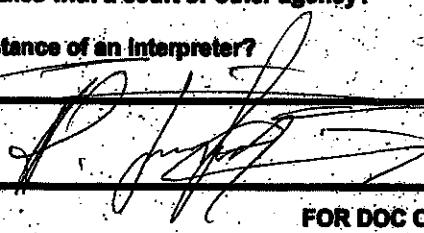
Inmate's Signature:

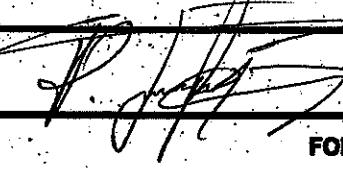
Date of Signature:

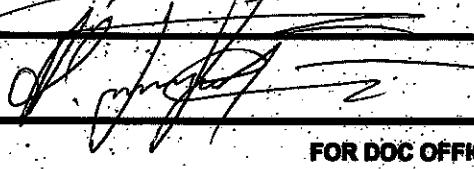
04/07/21

PROOF OF SERVICE
 I, [Signature], declare under penalty of perjury that I have read the foregoing document and that it is my original work.
 I further declare that I have provided a copy of this document to the inmate named above.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form #: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: Mirzo Hadzhanov	Book & Case #: 1411802809	NYSID #:
Facility: VTC	Housing Area: 6 South	Date of Incident: 4/9/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <p>I got my teeth taken out. I'm supposed to be getting a special diet. I have not been getting any food. I am Hungry and losing weight.</p>		
Action Requested by Inmate: <p>For DOC to give me the food I'm supposed to get.</p>		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an Interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: 	Date of Signature: 4/9/21	
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form #: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: Mirzo Hodzhamov		Book & Case #: 1411802 809	NYSID #:	
Facility: NYC	Housing Area: 6 South	Date of Incident: 4/17/21	Date Submitted: 4/17/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance:</p> <p>On 4/9/21 I submitted a grievance I have not been given a resolution. I would like to appeal this grievance.</p>				
<p>Action Requested by Inmate:</p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
Inmate's Signature: 		Date of Signature: 4/17/21		
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #			Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A Eff: 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Hadzhanov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	4/28/21	4/28/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance:</p> <p>on 4/17/21 I appealed my grievance to OCGS. I have not received any response. I would like to appeal to the Warden of NIC.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Do you need the OCGS staff to write the grievance for you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>Have you filed this grievance with a court or other agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>Did you require the assistance of an interpreter? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>Inmate's Signature:</p> 		<p>Date of Signature:</p> <p>4/28/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
 Eff: 9/14/18
 Ref: Dir. 3376R-A



Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1441802 809</i>	NYSID #:
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>5/3/21</i>
Date Submitted: <i>5/3/21</i>		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 4/28/21 I appealed my grievance to the warden of NIC. ~~They~~ There is still no resolution. I would like to appeal this grievance to the Assistant chief.

Action Requested by Inmate:**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff? Yes No

Do you need the OCGS staff to write the grievance for you? Yes No

Have you filed this grievance with a court or other agency? Yes No

Did you require the assistance of an interpreter? Yes No

Inmate's Signature:

Date of Signature:

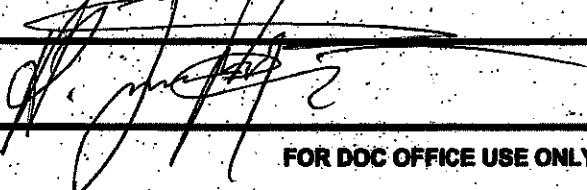
5/3/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form: 7101R-A Eff: 9/14/16 Ref: Dir. 3376R-A	
Mirzo Aladzhanyan	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	5/25/21	5/25/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance:</p> <p>On 5/3/21 I appealed my grievance to the assistant chkd I have not received any response or resolution. I would like to appeal to CORC to reach a resolution.</p>			
<p>Action Requested by Inmate:</p> <p>_____</p> <p>_____</p>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Did you require the assistance of an interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Inmate's Signature:</p> 		<p>Date of Signature:</p> <p>5/25/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

Attachment E

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #8376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Abdzhanyor	1411802829		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/21/21	05/21/21

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition of confinement is ongoing. The inmate filing the grievance or request must receive a copy of the statement of facts related to the inmate's grievance or Request Program (IGRP) statement of facts stamp and file number. I understand that I must provide my name and file number to the IGRP staff with a copy of the formal record or record copy within two business days of receipt.

Request or Grievance:

On 05/03/21 I submitted an appeal to the CDR. I didn't get any response. I exhausted my administrative remedies.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

Yes

Yes

No

No

Do you need the IGRP staff to write the grievance or request for you?

Yes

Yes

No

No

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an interpreter?

Inmate's Signature:

Date of Signature:

05/21/21

STATEMENT OF FACTS
IGRP RETAINS THE DOWNTIME FOR ORIGINAL OR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THE RECORDS TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Gladzhakov 1411502709			
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/03/21	05/03/21

All grievances and requests must be submitted within ten business days after the incident occurred unless otherwise specified below. The inmate will be given one week to respond to the IGRP staff to prepare this statement. Upon receipt of a copy of your grievance or request, IGRP staff will time stamp and file it. You will receive a copy of your Grievance or Request Program (GCRP) staff will time stamp and file it. You will receive a copy of your Grievance or Request Program (GCRP) staff will time stamp and file it. You will receive a copy of this form as record of receipt within two business days of receiving it.

Request or Grievance:

On 04/22/21, I submitted/led an appeal to the Warden. I didn't get any response.
I'm appealing to the CORP.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes No

Do you need the IGRP staff to write the grievance or request for you?

 Yes No

Have you filed this grievance or request with a court or other agency?

 Yes No

Did you require the assistance of an interpreter?

 Yes No

Inmate's Signature:

Date of Signature: 05/03/21

STATEMENT OF TRUTH
 I, MIRZO GLADZHAKOV, DO SWEAR OR AFFIRM THAT THE ABOVE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSCIENCE.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Hledzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 south	04/22/21	04/22/21

All grievances and requests must be submitted within ten business days after the incident occurred. If the inmate has been released from the facility, the inmate can file the grievance or request personally, prepare the statement and collect it by inmate grievance and request program (IGRP) staff or IGRP staff will come to the inmate's unit to collect the statement. The inmate will receive a copy of the formal record of the grievance within two business days of receiving it.

Request or Grievance:

On 4/13/21, I submitted a grievance, reporting that I got an add. I didn't get a response from the OCGS. I'm appealing to the Warden.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No

Do you need the IGRP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an interpreter?

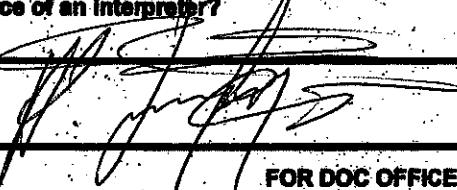
Inmate's Signature:

Date of Signature:

04/22/21

PRINT OR TYPE YOUR NAME I GRANT THE DOUBLE-SIDED ORIGINAL TO ADMITTING TRAVELERS ONLY I GRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF FILING	
--	--

Time Stamp Below:	Grievance and Request Reference #: _____	Category: _____
Inmate Grievance and Request Program Staff's Signature: _____		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form #: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A	
Facility:	Housing Area:	Date of Incident:	NYSID #:
NIC	6 South	4/13/21	4/13/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 4/13/21, I got an old-milk and other food, which was also old. The date on my cups was 4/11/21. So, it passed 2 days before I got my puree-diet food.</p>			
<p>Action Requested by Inmate: Fix this issue.</p>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Did you require the assistance of an interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Inmate's Signature:</p> 		<p>Date of Signature:</p> <p>04/13/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction
INMATE GRIEVANCE AND
REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Hadzhamov 1411802809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	05/20/21	05/20/21

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue being raised by the inmate fulfills the grievance or request must personally prepare this statement. Upon receipt, the Inmate Grievance and Request Program (IGRP) staff will time stamp and issue a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

On 04/30/21, I submitted an appeal to the CDRPC. I didn't get any response. I exhausted my administrative remedies.

Action Requested by Inmate**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No

Do you need the IGRP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an interpreter?

Inmate's Signature:

Date of Signature:

05/20/21

For DOG Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE PURPOSES.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref. Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Abdzhamov 14118022809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/30/21	04/30/21

All grievances and requests must be submitted within ten (10) business days after the incident or claim. After the completion of the investigation, the inmate will be given the chance to amend the grievance or request or orally present his statement. Upon completion of the Inmate Grievance and Request Program (IGRP), staff will issue a copy of the grievance or request reference number (GRC#) and will provide the inmate with a copy of the form to record it again within two (2) business days of a denial.

Request or Grievance:

On 04/22/21, I submitted an appeal to the Warden. I didn't get a response. I'm appealing to the COBC.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? Yes NoDo you need the IGRP staff to write the grievance or request for you? Yes NoHave you filed this grievance or request with a court or other agency? Yes NoDid you require the assistance of an interpreter? Yes No

Inmate's Signature:

Date of Signature:

FAC-DOCS-10-03-012

IGRP FORMS ARE DUE ON THE SIDE OF THE FORM FOR ADMINISTRATIVE ORDER
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AT THE TIME OF RECEIPT

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Mirzo Aladzhanov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/22/21	04/22/21

All grievances and requests must be submitted within ten business days after the incident occurred unless otherwise directed by the facility. The inmate filing the grievance or request must personally prepare the statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, staff will review and issue a response/reply to the grievance/ request. A copy of the grievance or request will be placed in the inmate's record and received within two business days of receipt.

Request or Grievance:

On 04/14/21, I submitted a grievance with the OPGS regarding that I got an old-food. I didn't get any response.
I'm appealing to the Warden.

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No

Do you need the IGRP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an interpreter?

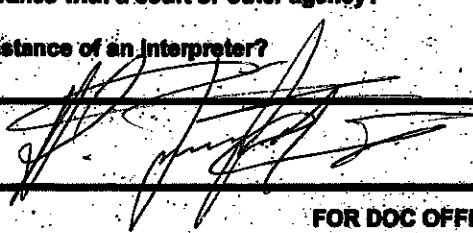
Inmate's Signature:

Date of Signature: 04/22/21

DO NOT Circulate Only

IGRP RETAINS THE ORIGINAL COPY FOR ADMINISTRATIVE RECORDS
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS SOON AS RECEIVED

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form.: 7101R-A Eff.: 01/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Hladzhanov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NYC	6 South	04/14/21	04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance:</p> <p>On 04/14/21, I got my puree-diet food which was dated 04/13/21. So, I received old food.</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Did you require the assistance of an interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inmate's Signature:	 Date of Signature: <u>04/14/21</u>		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #	Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form.: 7101R-A
 ED. 9/14/18
 Ref.: Dir. 3376R-A

Inmate's Name: <i>Mirzo Abdzhanyov</i>	Book & Case #: <i>1411 802 829</i>	NYSID #:
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/10/21</i>
		Date Submitted: <i>05/10/21</i>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *On 04/19/21, I submitted an appeal with the "CDRC". I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature: <i>Mirzo Abdzhanyov</i>	Date of Signature: <i>05/10/21</i>
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FOR DOC OFFICE USE ONLY

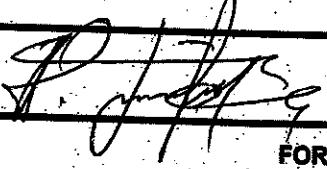
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form #: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A	
Mirzo Hadzhanov	1411 802 809	NYSID #:	
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/19/21	04/19/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/08/21, I submitted an appeal to the Warden of the NIC regarding an unanswered grievance. I didn't get a response. I'm appealing to the CORC.</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/19/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R-A Eff: 01/14/18 Ref: Dir. 3376R-A
INMATE STATEMENT FORM		
Inmate's Name:	Book & Case #:	NYSID #:
Facility:	Housing Area:	Date of Incident:
VIC	6 S	4/8/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 3/31/21 I submitted a grievance with the OCGS regarding that I got my puree-diet food partially. I didn't get a response. Therefore I'm appealing to the Superintendent of the VIC Facility.</p>		
<p>Action Requested by Inmate:</p> <hr/> <hr/>		
<p>Please read below and check the correct box:</p> <p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
Inmate's Signature:	Date of Signature: 04/08/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form: 7101R	
			Eff.: 2/25/20	
			Ref.: Dir. 3376R-A	
Inmate's Name:	Book & Case #:		NYSID #:	
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
NIC	2D	3/31/21	3/31/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: On 3/31/21, I'm supposed to get a pureed diet food at breakfast. I got everything besides 2 plastic cans of soy-milk. It supposed to get my milk everyday.</p>				
<p>Action Requested by Inmate: Pls, fix this problem. I need milk too. Thx.</p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>Did you require the assistance of an Interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<p>Inmate's Signature:</p> 			<p>Date of Signature:</p> <p>3/31/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>				
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>				
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>				
TIME STAMP	Grievance Reference #		Category:	
	<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form #: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Abdzhahov	1411 802 829		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	3/27/21	05/04/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/12/21, I appealed to the CORP unanswered grievance appeal by the Warden of NIC. I didn't get a response from the "CORP". I exhausted my administrative remedies</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature:	Date of Signature:		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #	Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:			



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

**Form.: 7101R-A
Eff.: 8/14/16
Ref.: Dir. 3376R-A**

Inmate's Name:	Mirzo Hadzhanov	Book & Case #:	1411 802 809	NYSID #:	
Facility:	VIC	Housing Area:	6 South	Date of Incident:	3/27/12
			Date Submitted: 04/12/12		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 04/04/21, I appealed to the
Warden of the WIC an unanswered grie-
-vance. However, I didn't get a response.
I'm appealing to the "PORC".

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yan
Xiaoming

Did you require the assistance of an Interpreter?

• 100 •

Inmate's Signature:

Date of Signature:

04/12/21

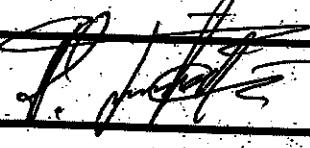
FOR DOC OFFICE USE ONLY

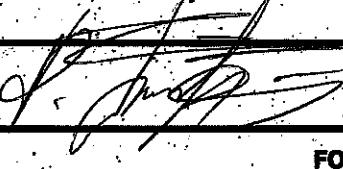
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

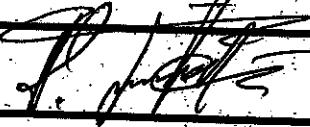
CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form: 7101R-A EF: 04/14/18 Rev: DR 3376R-A	
Mirzo Aladzhanov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
N/C	6 South	04/04/21	04/04/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 3/28/21 I submitted a grievance with The OCGS regarding that on 3/27/21 at dinner, I didn't get my puree-diet food. However, I didn't receive a response in a timely manner. Therefore, I'm appealing to the Superintendent of the Facility.</p>			
<p>Action Requested by Inmate: P/S fix this issue.</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/04/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

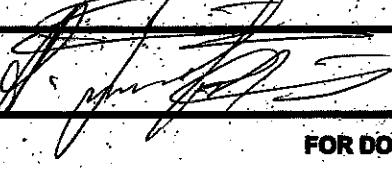
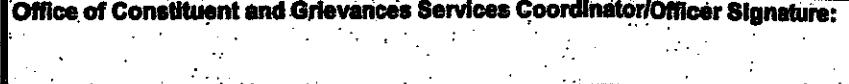
	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form #: 7401R Err.: 2/25/20 Ref.: Dir. 3376-R-A	
Inmate's Name:	Mirzoff Adzhahonov Book & Case #:		1411802809 NYSID #:		
Facility:	NIC	Housing Area:	2D	Date of Incident:	3/27/2021
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
<p>Grievance:</p> <p>On 3/27/2021 I didn't receive my liquid diet food for dinner. I received on that day my liquid diet for lunch.</p> <p>On 3/25/21, I asked a doctor who condoned a sick-call to switch me to liquid diet. I'm in need of this diet because I don't have molar teeths. I can't chew a solid food.</p>					
<p>Action Requested by Inmate:</p> <p>Switch me on liquid diet ASAP pls. ✓ha!</p>					
<p>Please read below and check the correct box:</p>					
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>			<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Do you need the OCGS staff to write the grievance for you?</p>			<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Have you filed this grievance with a court or other agency?</p>			<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Did you require the assistance of an Interpreter?</p>			<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Inmate's Signature:</p> 			<p>Date of Signature:</p> <p>3/28/2021</p>		
<p>FOR DOC OFFICE USE ONLY</p>					
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>					
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>					
TIME STAMP	Grievance Reference #		Category:		
<p>Office of Constituent and Grievance Services Coordinator/Officer Signature:</p>					

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A
INMATE STATEMENT FORM			EF: 9/14/18
Inmate's Name:		Book & Case #:	
Mirzo Haczhanov		1411 802 803	
Facility:		NYSID #:	
NIC		Housing Area:	
6 South		Date of Incident:	
05/05/21		Date Submitted:	
05/05/21			
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/14/21, I appealed to the "OPRC". I didn't get a response. I exhausted my administrative remedies.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you need the OCGS staff to write the grievance for you?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you filed this grievance with a court or other agency?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you require the assistance of an Interpreter?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inmate's Signature:		Date of Signature:	
		05/05/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form: 7401R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Haczkavor VIC	1411 802 809 6 South	Date of Incident: 04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/04/21, I submitted an appeal to the warden of the VIC facility. I didn't get a response. I'm appealing to the "CORC."</p>		
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/>		
<p>Please read below and check the correct box:</p>		
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Did you require the assistance of an Interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
Inmate's Signature:	Date of Signature: 04/14/21	
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form #: 7101R-A Eff.: 9/14/18 Rev.: DR. 3370R-A	
Mirzo Aladzhakov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NYC	6 South	04/04/21	04/04/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 3/28/21 I submitted a grievance with The OCGS regarding that on 3/27/21 at dinner, I didn't get my puree-diet food. However, I didn't receive a response in a timely manner. Therefore, I'm appealing to the Superintendent of the Facility.</p>			
<p>Action Requested by Inmate: P/S fix this issue</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/04/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form: 7101R ET: 2/25/20 Ref: Dir. 3376R-A	
Inmate's Name:	Mirzo Aladzhonov		Book & Case #:	1411802809	
Facility:	NIC	Housing Area:	QB	Date of Incident:	3/27/2021
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.					
Grievance: <p>On 3/27/2021, I didn't receive my liquid diet food for dinner. I received on that day my liquid diet for lunch.</p> <p>On 3/25/21, I asked a doctor who condoned a sick-call to switch me to liquid diet. I'm in need of this diet because I don't have molar teeths. I can't chew a solid food.</p>					
Action Requested by Inmate: Switch me on liquid diet ASAP pls. <i>Vha!</i>					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: 			Date of Signature: 3/28/2021		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #			Category:	
	Office of Constituent and Grievances Services Coordinator/Officer Signature:				

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
INMATE STATEMENT FORM		
Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Abdzhanyov	1411 302 809	
Facility:	Housing Area:	Date of Incident:
NIC	6 South	05/12/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
<p>Grievance: On 04/21/21, I submitted the grievance appeal to the "CORC". I didn't get a response. I exhausted my administrative remedies.</p>		
<p>Action Requested by Inmate:</p>		
<p>Please read below and check the correct box:</p>		
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Inmate's Signature: </p>		<p>Date of Signature: 05/12/21</p>
<p>FOR DOC OFFICE USE ONLY</p>		
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>		
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>		
TIME STAMP	Grievance Reference #	Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>		
		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
 Eff.: 9/14/16
 Ref.: Dir. 3376R-A

Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Hadzhanov	1411802809	
Facility:	Housing Area:	Date of Incident:
NIC	6 South	04/21/21
		Date Submitted:
		04/21/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 04/10/21, I submitted the grievance appeal to the Warden of the NIC Facility. I didn't get a response. I'm appealing to the "CDRC".

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an Interpreter?

Yes No

Inmate's Signature:

Date of Signature:

04/21/21

FOR DOC OFFICE USE ONLY

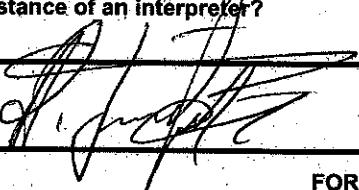
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

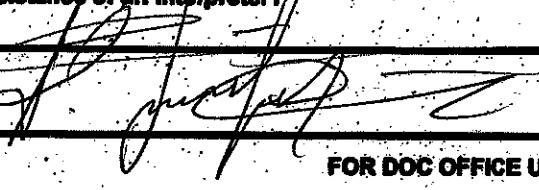
CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form.: 7101R-A Eff.: 01/14/18 Ref.: Dir. 3376R-A	
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Aladzhhanov	14911-802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/10/21	04/10/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/03/21 I submitted a grievance with the OCGS. I didn't get a response, I'm appealing to the Superintendent of the Facility.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature:	Date of Signature: 04/10/21		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

ATTACHMENT - B

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
		Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A		
Inmate's Name:	Book & Case #:		NYSID #:	
Mirzo Hadzhanov	1411802809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
VIC	20	04/02/21	04/03/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance:</p> <p>On 04/02/21, at lunch, I didn't get my puree diet food. I'm losing weight.</p>				
<p>Action Requested by Inmate:</p> <p>P/S fix this problem.</p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<p>Do you need the OCGS staff to write the grievance for you?</p>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<p>Have you filed this grievance with a court or other agency?</p>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<p>Did you require the assistance of an interpreter?</p>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<p>Inmate's Signature:</p> 			<p>Date of Signature:</p> <p>04/02/21</p>	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>				
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>				
TIME STAMP	Grievance Reference #		Category:	
	<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A
INMATE STATEMENT FORM			Eff.: 9/14/18
Ref.: Dir. 3376R-A			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Hladzhanov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/05/21	05/05/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/14/21 I appealed to the CORC regarding my unpaid wages were a grievance. I didn't get a response. I exhausted administrative remedies.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Do you need the OCGS staff to write the grievance for you?</p>		<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Have you filed this grievance with a court or other agency?</p>		<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Did you require the assistance of an interpreter?</p>		<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>
<p>Inmate's Signature:</p>		<p>Date of Signature: 05/05/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Huzdzhakov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/14/21	04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/04/21, I submitted the appeal grievance regarding that I didn't get response from the OCGS. I appealed to the warden. I didn't get a response. I'm appealing to the CORE.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you need the OCGS staff to write the grievance for you?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you filed this grievance with a court or other agency?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you require the assistance of an Interpreter?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inmate's Signature:	Date of Signature: 04/14/21		
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		
INMATE STATEMENT FORM		
Inmate's Name:	Book & Case #:	Form: 7401R-A Ent: 04/14/18 Ref: Dir. 3376R-A
Facility:	Housing Area:	NYSID #:
NIC	6 South	Date of Incident: 04/04/21 Date Submitted: 04/04/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
<p>Grievance: On 3/28/21, I submitted a grievance with The OCGS regarding I didn't get my special-diet food at breakfast and lunch on 3/28/21. However, I didn't get a response from The OCGS. Therefore, I'm appealing to the Superintendent of the Facility.</p>		
<p>Action Requested by Inmate: Fix this issue</p>		
<p>Please read below and check the correct box:</p>		
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>Did you require the assistance of an Interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
Inmate's Signature: 		Date of Signature: 04/04/21
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

ATTACHMENT - B



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R
 Eff: 2/25/20
 Ref: Dir. 3376R-A

Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Aladzhakov	1411 802 809	
Facility:	Housing Area:	Date of Incident:
NIC	2D	3/28/21
Date Submitted: 3/28/21		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *I didn't receive my liquid diet food for breakfast and lunch as well. I'm lacking molar teeth and can't chew a solid food.*

Action Requested by Inmate *To Get my liquid diet food ASAP*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature: *P. J. R.*

Date of Signature:

3/28/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
EF: 9M4N8
Ref: Dir. 3376R-A

Inmate's Name:

Mirzo Aladzhonov

Book & Case #:

NIC

Housing Area:

6 South

Date of Incident:

05/10/21

NYSID #:

05/10/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 04/19/21 I submitted the appeal grievance to the "CDPC". I didn't get a response. I exhausted my administrative remedies.

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

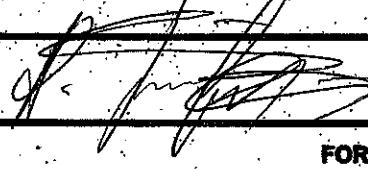
Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:



Date of Signature:

05/10/21

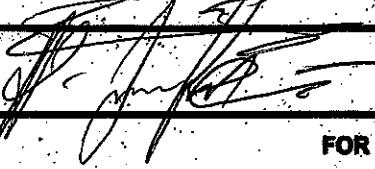
FOR DOC OFFICE USE ONLY**OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.****THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR**

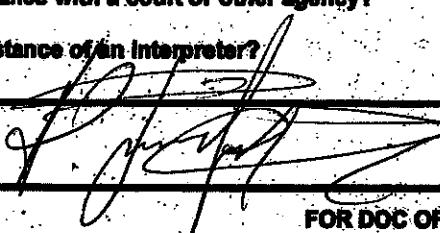
TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A
INMATE STATEMENT FORM			Eff.: 9/14/18
Inmate's Name:			NYSID #:
Mirzo J. Hadzhanov		Book & Case #: 1411802 P09	
Facility:	VIC	Housing Area:	Date of Incident:
VIC	6 South	04/19/21	Date Submitted:
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance:</p> <p>On 04/08/21, I submitted the appeal grievance to the warden of VIC. I didn't get a response. I'm appealing to the "CORC".</p>			
<p>Action Requested by Inmate:</p> <p> </p> <p> </p> <p> </p>			
<p>Please read below and check the correct box:</p> <p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
Inmate's Signature: 		Date of Signature: 04/19/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form: 7101R-A EN: 39141B Ref.: Dir. 3971R-A
Inmate's Name: Mirzo Hadzhanov	Book & Case #: 1411802809	NYSID #:
Facility: NIC	Housing Area: 6 South	Date of Incident: 04/08/21
Date Submitted: 04/08/21		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/01/21 I submitted a grievance with The OCGS regarding that, on 3/31/21 I didn't get my special diet food. Particularly, I didn't get sausages and salad in the puree form. I'm losing weight. I didn't get a response from the OCGS. Therefore, I'm appealing to The Superintendent of the Facility.</p> <p>Action Requested by Inmate: Fix this issue pls.</p>		
<p>Please read below and check the correct box:</p> <p>Do you agree to have your statement edited for clarification by OCGS staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you need the OCGS staff to write the grievance for you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you filed this grievance with a court or other agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you require the assistance of an Interpreter? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
Inmate's Signature: 	Date of Signature: 04/08/21	
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

ATTACHMENT -B-1



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM



Form.: 7101R-A
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Aladzhakov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	2D	3/31/21	04/01/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 3/31/21, I didn't fully get my pure diet food. Particularly, I didn't get sausages and salad. So, I didn't get any meat and salad. I'm starving.

Action Requested by Inmate: P/S, fix this problem

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

04/01/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7401R-A
INMATE STATEMENT FORM			Eff.: 9/14/16
Ref.: Dir. 3376R-A			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Hadzhamov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/10/21	05/10/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/19/21 I appealed to the "CDRC" the unanswered grievance-appeal by the warden of the NIC. I didn't get a response from the CDRC. I exhausted my administrative remedies.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an Interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature:	Date of Signature:		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR.			
TIME STAMP	Grievance Reference #	Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
 Ed: 014/18
 Ref.: Dir. 337R-A

Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Aladzhanov	1411 802 809	
Facility:	Housing Area:	Date of Incident:
NYC	6 South	04/19/21
Date Submitted:		
04/19/21		

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 04/08/21, I appealed to the Warden of the NYC the unanswered grievance. I didn't get a response. I'm appealing to the "CORPC".

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

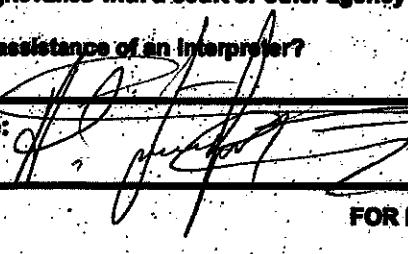
04/19/21

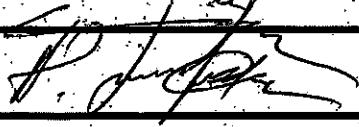
FOR DOC OFFICE USE ONLY

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TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A Eff: 6/14/18 Ref: DR. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Abdzhanyov	1411802809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NYC	6 south	04/08/21	04/09/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/01/21, I submitted a grievance with the OCGS regarding I didn't get my special-diet food at breakfast. However I didn't get a response from the OCGS! Therefore, I'm appealing to the Superintendent of the Facility.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: 		Date of Signature: 04/08/21	
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #	Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			
INMATE STATEMENT FORM			
	Form #: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A		
Inmate's Name:	Book & Case #:		NYSID #:
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	2D	04/01/21	04/01/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance:</p> <p>On 04/01/21 I supposed to get my pure diet food at breakfast. However, my special diet food didn't make it today. I'm starving. P/s fix this issue.</p>			
<p>Action Requested by Inmate: Please, fix ontime delivery of my food.</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you need the OCGS staff to write the grievance for you?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you filed this grievance with a court or other agency?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you require the assistance of an Interpreter?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inmate's Signature:	Date of Signature:		
 04/01/21			
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo J. Ladzhanov	1W11 PD2 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	05/06/21	05/06/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/14/21 I submitted the appeal to the CDRP regarding that I didn't get a response from the warden of NIC. I didn't get a response from the CDRP. I exhausted my administrative remedies.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature:	Date of Signature: 05/06/21		
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #		Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Jazhamov	1400 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/14/21	04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/05/21 I appealed to the warden of the NIC. The unanswered grievance I didn't get a response from the Warden. I'm appealing to the CDRC</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you need the OCGS staff to write the grievance for you?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you filed this grievance with a court or other agency?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you require the assistance of an interpreter?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inmate's Signature:		Date of Signature:	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION					
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R-A EN: 9/14/18 Ref.: Dir. 3376R-A			
INMATE STATEMENT FORM					
Inmate's Name:	Mirzo Aladzhanyan	Book & Case #:	1411802809		
NYSID #:					
Facility:	NIC	Housing Area:	6 South		
Date of Incident:	04/05/21		Date Submitted:	04/05/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
<p>Grievance: On 3/30/21, I submitted a grievance regarding I didn't get my special-diet food at the breakfast on 3/29/21. However, I didn't get response from the OCGS in timely manner.</p> <p>Therefore, I'm appealing to the Superintendent of the Facility.</p>					
<p>Action Requested by Inmate: Fix my special-diet food delivery</p>					
<p>Please read below and check the correct box:</p>					
Do you agree to have your statement edited for clarification by OCGS staff?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature:			Date of Signature:		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #			Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:					

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form: 7101R-A
 EM: XX/XX/20
 Rev: DR. 3/2014

NYSID #:

Inmate's Name:

Mirzo Hadzhanov 1411802800

Book & Case #:

Facility:

NIC

Housing Area:

2D

Date of Incident:
3/29/21Date Submitted:
3/30/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 3/29/21, I didn't get my liquid diet food at the break fast.
I'm losing weight

Action Requested by Inmate:

Fix delivery of my liquid diet

Food

Please read below and check the correct box:

Do you agree to have your statement edited for classification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an Interpreter?

Yes No

Inmate's Signature:

3/29/21

Date of Signature:

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

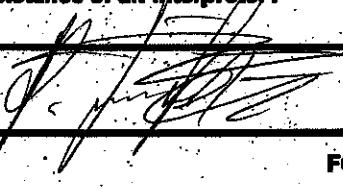
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

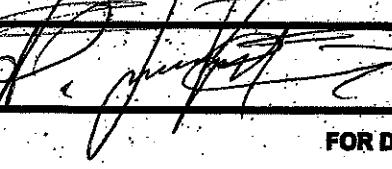
Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form.: 7101R-A Ed.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: Mirzo Abdzhanyov	Book & Case #: 1411 892 809	NYSID #:
Facility: NIC	Housing Area: 6 South	Date of Incident: 05/17/21
Date Submitted: 05/17/21		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
<p>Grievance: On 04/26/21 I submitted an appeal to the "CDRC". I didn't get a response. I exhausted my administrative remedies.</p>		
<p>Action Requested by Inmate:</p>		
<p>Please read below and check the correct box:</p>		
Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: 	Date of Signature: 05/17/21	
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form: 7101R-A Eff. 9/14/18 Ref: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Hadzhanov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NYC	6 South	04/26/21	04/26/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/15/21, I submitted an appeal to the Superintendent of the NYC Facility. I didn't get a response. I'm appealing to the "CORC".</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/26/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form: 7101R-A Ed.: 9/14/18 Ref.: Dir. 3376R-A	
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Hadzhanov	1411-802-809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/15/21	04/15/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/08/21 I have submitted a grievance with The OCGS. I didn't get a response. I'm appealing to the Superintendent.</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Did you require the assistance of an Interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Inmate's Signature:</p> 		<p>Date of Signature:</p> <p>04/15/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Inmate's Name:	Mirzo Abdzhanyov	Book & Case #:	14118026 809	NYSID #:	
Facility:	NIC	Housing Area:	2D	Date of Incident:	04/04/21
				Date Submitted:	04/08/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 04/04/21 I didn't get my puree diet food at breakfast.

Action Requested by Inmate: 018 SIC SMS ISSUE

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

卷二十一

Did you require the assistance of an interpreter?

— 7 —

Inmate's Signature:

Date of Signature:-

04/05/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT

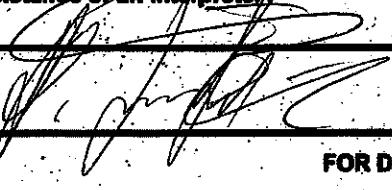
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

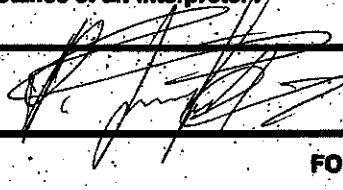
TIME STAMP

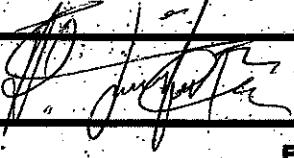
Grievance Reference #

Category

Office of Constituent and Grievances Services Coordinator/Officer Signature:

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	Form: 7101R-A Ed. 9/14/18 Ref: Dir. 3376R-A	
Mirzo H. Radzanov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	05/05/21	05/05/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/19/21, I submitted an appeal to the "CDRC". I didn't get any response. I requested administrative remedies.</p>			
<p>Action Requested by Inmate:</p>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: 		Date of Signature: 05/05/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form #: 7101R-A Ed.: 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:	NYSID #:	
Mirzo Hadzhanov	1411802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
VIC	6 South	04/14/21	04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: On 04/05/21, I submitted an appeal to the warden of the VIC Facility. I didn't get a response. I'm appealing to the "CORC".</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Do you need the OCGS staff to write the grievance for you?</p>		<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Have you filed this grievance with a court or other agency?</p>		<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Did you require the assistance of an interpreter?</p>		<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Inmate's Signature:</p> 		<p>Date of Signature:</p> <p>04/14/21</p>	
<p>FOR DOC OFFICE USE ONLY</p>			
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #	Category:	
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form #: 7101R-A	
			Eff.: 9/14/18	
			Ref.: Dir. 3376R-A	
Inmate's Name: Mirzo Aladzhano		Book & Case #: 1411802809	NYSID #:	
Facility: N/C	Housing Area: 6 South	Date of Incident: 04/05/21	Date Submitted: 04/05/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: On 3/30/21, I submitted a grievance regarding I didn't get my special-diet food at the breakfast on 3/29/21. However, I didn't get response from the OCGS in timely manner.</p> <p>Therefore, I'm appealing to the Superintendent of the Facility.</p>				
<p>Action Requested by Inmate: Fix my special-diet food delivery.</p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
Inmate's Signature: 		Date of Signature: 04/05/21		
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		Form: 7101R-A Ed.: XX/XX/20 Rev.: DR-3376R-A	
Facility:	N/C	Housing Area:	20	Date of Incident:
				NYSID #: <i>1411802800</i>
				Date Submitted: <i>3/30/21</i>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: <i>On 3/29/21, I didn't get my liquid diet food at the break fast. I'm losing weight</i></p>				
<p>Action Requested by Inmate: <i>Fix delivery of my liquid diet food</i></p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
Inmate's Signature: <i>3/29/21</i>			Date of Signature: <i>RJL</i>	
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:				

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name:	Book & Case #:		NYSID #:	
Mirzo Abdzhakov	1411 802 809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:	
NIC	b. South	05/05/21	05/05/21	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filling the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/14/21, I submitted an appeal to the CDRB regarding my puree-diet food which was polluted. I didn't get a response. I exhausted my administrative remedies.</p>				
Action Requested by Inmate: <hr/> <hr/> <hr/>				
Please read below and check the correct box:				
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?				
Have you filed this grievance with a court or other agency?				
Did you require the assistance of an interpreter?				
Inmate's Signature: 		Date of Signature: 05/05/21		
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP	Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature: 				

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			Form.: 7101R-A Eff. 9/14/18 Ref.: Dir. 3376R-A
INMATE STATEMENT FORM			
Inmate's Name:	Book & Case #:		NYSID #:
Mirzo Hadzhanov	1411 802 809		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
NIC	6 South	04/14/21	04/14/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: On 04/04/21, I submitted an appeal to the warden of the NIC facility but didn't get any response. That appeal was regarding polluted food. I'm appealing to the CDR.</p>			
<p>Action Requested by Inmate:</p> <hr/> <hr/> <hr/>			
<p>Please read below and check the correct box:</p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature:		Date of Signature: 04/14/21	
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>			
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMP	Grievance Reference #		Category:
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p>			



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

**Form: 7101R-A
Eff.: 8/14/18
Ref.: Dir. 3376R-A**

Inmate's Name: Mirzo Hadzhanov	Book & Case #: 1411802 809	NYSID #:
Facility: NIC	Housing Area: 6 South	Date of Incident: 04/04/21
		Date Submitted: 04/04/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/28/21 I submitted a grievance with the OCGS regarding that on 3/28/21 I got my special-diet food policy violated. Specifically, an apple sauce contained a spit pollutant. I didn't get a response.

Inmates Peters, Boninique and
Matthew Karellefsky witnessed that.
I'm appealing to the Superintendent of the Facility.

Action Requested by Inmate: P/S 511 THIS ISSUE

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yan
Wu

Have you filed this grievance with a court or other agency?

卷之三

Did you require the assistance of an Interpreter?

— 1 —

Inmate's Signature:

Date of Signature:

04/04/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form.: 7101R
 Err.: 2/25/20
 Ref.: Dir. 3376R-A



Inmate's Name:

Mirzo Aladzhhanov

Book & Case #: 1411802 809

NYSID #:

Facility:

NIC

Housing Area:

2 D

Date of Incident:
3/28/21Date Submitted:
3/28/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

On 3/28/21, during dinner-meal I received my liquid diet food. When I opened an apple sauce can, I saw a pollutant resembling spit, within the can. Multiple inmates witnessed that.

Action Requested by Inmate:

To stop polluting food.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

3/28/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

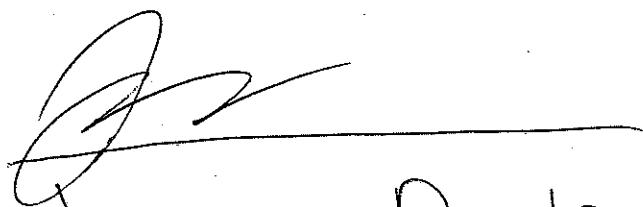
Grievance Reference #

Category:

Office of Constituent and Grievance Services Coordinator/Officer Signature:

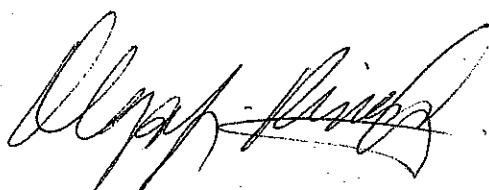
Affidavit of Affirmation

I Park James, have witnessed
that Atadzhanov Mirzo didn't
get his puree-diet food on the fo-
llowing date: 05/02/2021



James Park
Subscribed to and sworn/affirmed
before me this 4th day of

May, 2021



OLGA L. RIVERA
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01R16383962
BRONX COUNTY
Commission Expires 12/03/2022

Affidavit of Affirmation

I, matPasso, have witnessed that Aladzhanov Mirzo since he was transferred to 1096 South - housing unit on about 04/05/2021 didn't get, got partially or got an old food. The Mirzo Aladzhanov is on a puree-diet. So, from his admission to the housing-unit and up to this 02nd day of May, 2021, every single day he has issues with his puree-diet food. He either don't getting it, getting partially or getting one or two days old food. If it not but his food from a commissary shop, he would starving.

Mather Passo

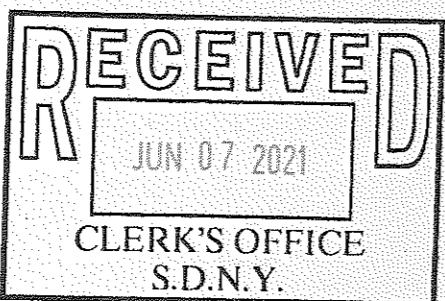
Subscribed to and
sworn before me this 4th
day of May 2021.
Olga L. Rivera



From: Mirzo Abdzhhanov
1411802809
1500 Flazen St, East
Elmhurst, NY 11370

AMERICAN
POSTAGE

Pro Se JCR



Legal mail

To: United States
District Court
Southern District
of New York
500 Pearl St,
NY, NY 10007